

Consent to Release Information

To Whom It May Concern:

In accordance with the **AGENCY** Anti-Fraud Policy, I understand that prior to a job offer to applicants of positions that require the handling of cash or negotiable assets, a criminal history check shall be obtained from the Arkansas State Police. This consent is executed with full knowledge and understanding that the information is for the official use of the **AGENCY** in connection with its determination of my suitability for employment.

I consent to any authorized representative of the **AGENCY** to obtain any information pertaining to my law enforcement record (including but not limited to, any record of charge, prosecution, or conviction for civil or criminal offenses). I direct each law enforcement agency to which this form is presented to release any results upon request of the authorized recipient as described above.

Copies of this consent that show my signature are as valid as the original signed by me. This consent is valid until the termination of my application process or my affiliation with the **AGENCY**, whichever is later.

Signature (sign in ink)	Full Name (type or print clearly)	Date Signed
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Other Names Used	Social Security Number
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Race	Sex	Place of Birth	Date of Birth
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Valid Identifying Document (Driver's License, Passport, Birth Certificate, etc.)
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Signature of Witness	Name and Title of Witness
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To be completed by the Hiring Official (print or type):

Applicant's Phone Number

Primary: _____ Secondary: _____

Position Number: _____ Position Title: _____

Hiring Official: _____ Title: _____

Office: _____ Phone/Fax: _____